



CLERKS OFFICE U.S. DIST. COURT
AT CHARLOTTESVILLE, VA
FILED

June 05, 2025

LAURA A. AUSTIN, CLERK
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Nick Brown

ATTORNEY GENERAL OF WASHINGTON

Complex Litigation Division
PO Box 40111 • Olympia, WA 98504-0111 • (360) 709-6470

June 2, 2025

Clerk's Office
U.S. District Court
210 Franklin Road SW, Suite 540
Roanoke, VA 24011

RE: **Transcript Order Form**
Whole Woman's Health Alliance, et al. v. FDA, et al.
Western District of Virginia No. 3:23-cv-00019

Dear Clerk:

I have enclosed a completed Transcript Order Form for the hearing conducted in the above noted matter on May 19, 2025 before the Honorable Judge Ballou.

Sincerely,

A handwritten signature in blue ink that reads "Jennah Williams".

Jennah Williams
Paralegal
360-586-6412
jennah.williams@atg.wa.gov

AO435 (Rev. 04/18; WDVA Rev. 11/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY
TRANSCRIPT ORDER FORM				DUE DATE:
<i>Please Read Instructions on Page 2.</i>				
1. REQUESTOR'S INFORMATION: Jennah Williams		NAME TELEPHONE NUMBER 360-586-6412		
DATE OF REQUEST 6/2/2025		EMAIL ADDRESS (Transcript will be emailed to this address.) jennah.williams@atg.wa.gov		
MAILING ADDRESS PO BOX 40111			CITY, STATE, ZIP CODE Olympia, WA 98504-0111	
2. TRANSCRIPT REQUESTED:		NAME OF COURT REPORTER Frank Austin OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR		
CASE NUMBER 3:23-cv-00019		CASE NAME Whole Woman's Health Alliance et al. v FDA		JUDGE'S NAME Robert S. Ballou
DATE(S) OF PROCEEDING(S) 5/19/2025		TYPE OF PROCEEDING(S) Motions for Summary Judgment		LOCATION OF PROCEEDING Charlottesville
REQUEST IS FOR: (Select one)		<input checked="" type="checkbox"/> FULL PROCEEDING <input type="checkbox"/> OR <input type="checkbox"/>	SPECIFIC PORTION(S) (Must specify below)	
SPECIFIC PORTION(S) REQUESTED (If applicable):				
3. SERVICE TURNAROUND CATEGORY REQUESTED: <i>(See Page 2 for descriptions of each service turnaround category.)</i>				
<input checked="" type="checkbox"/> Ordinary (30-Day) <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited (7-Day) <input type="checkbox"/> 3-Day		<input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> RealTime		
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).				
DATE 6/2/2025		SIGNATURE 		

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to CRC@vawd.uscourts.gov.

Transcript Fee Rates can be found on our website under Standing Orders or by clicking [here](#).

NOTE: Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.



**ATTORNEY GENERAL
OF WASHINGTON**
Complex Litigation Division
7141 Cleanwater Dr. SW
P.O. Box 40111
Olympia WA 98504-0111

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